



• **Innovative Science**

• **Breakthrough Therapies**

• **Clinical Advances**

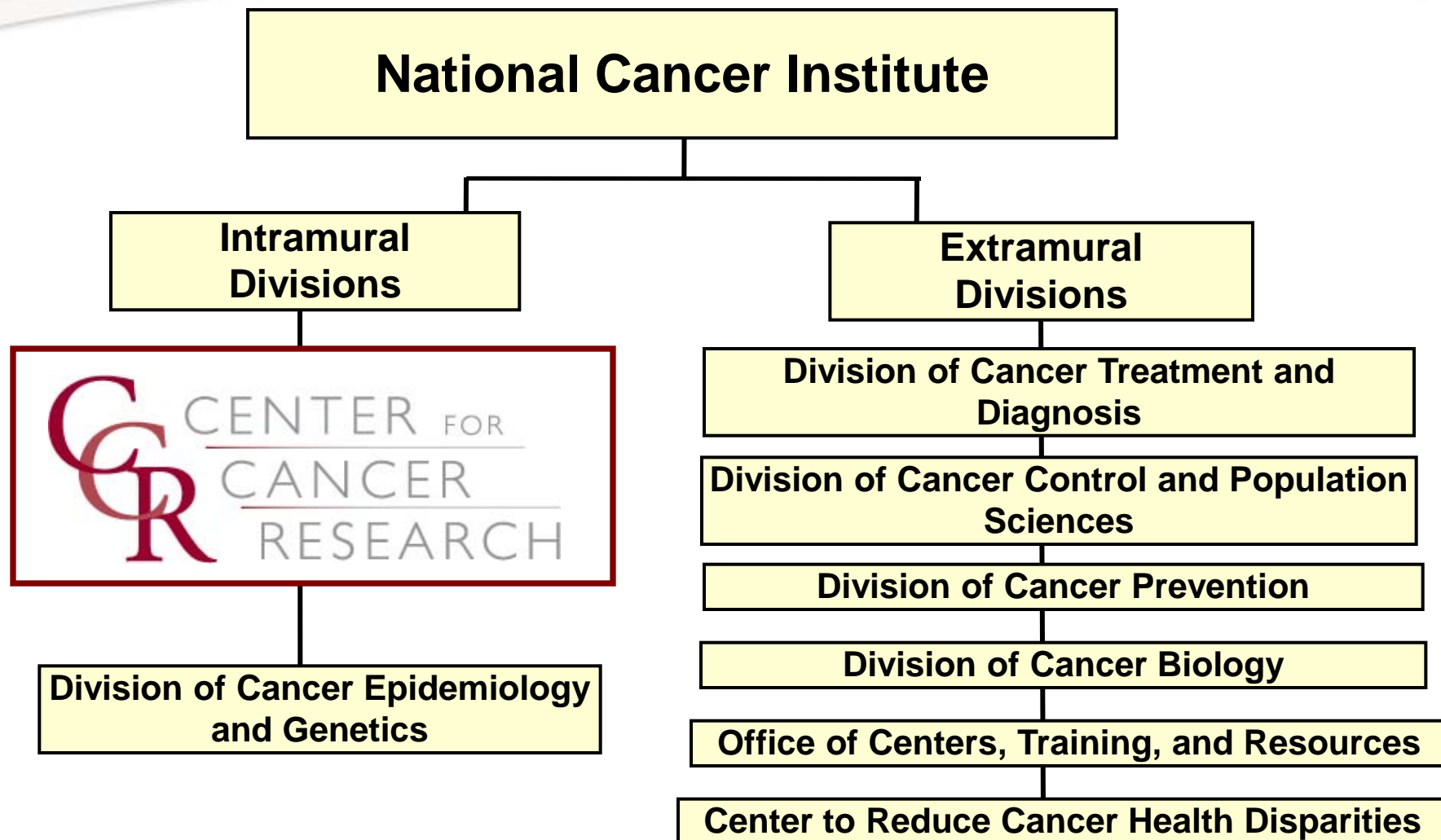
# Cancer Research in 21st Century

*Director's Consumer Liaison Group-September 2011*

*Lee J. Helman M.D., Scientific Director for Clinical Research*

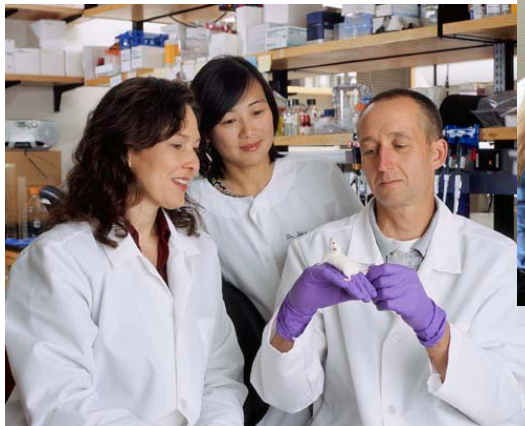


# CCR Is An Integral Part of NCI



## CCR Vision

**Integrate basic, translational, and clinical research to make cancer preventable, curable, or chronically manageable.**

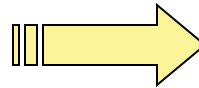


# Shifting the Paradigm

## Previous Approach

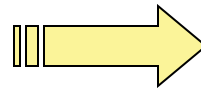
## New Practices

Descriptive medicine



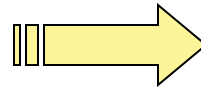
Understanding of disease mechanisms

Empirical diagnosis



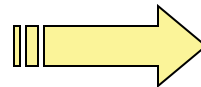
Mechanism-based diagnosis/treatment

Grouped by organ site



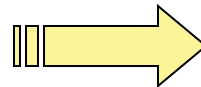
Sub-grouped by molecular/biological classification

Uniform treatment



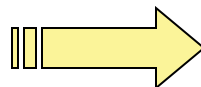
Individualized treatment

Retrospectively diagnose disease



Prospectively evaluate relative disease risk

Acute care



Early detection and intervention

# The NCI Intramural Clinical Research Program

---

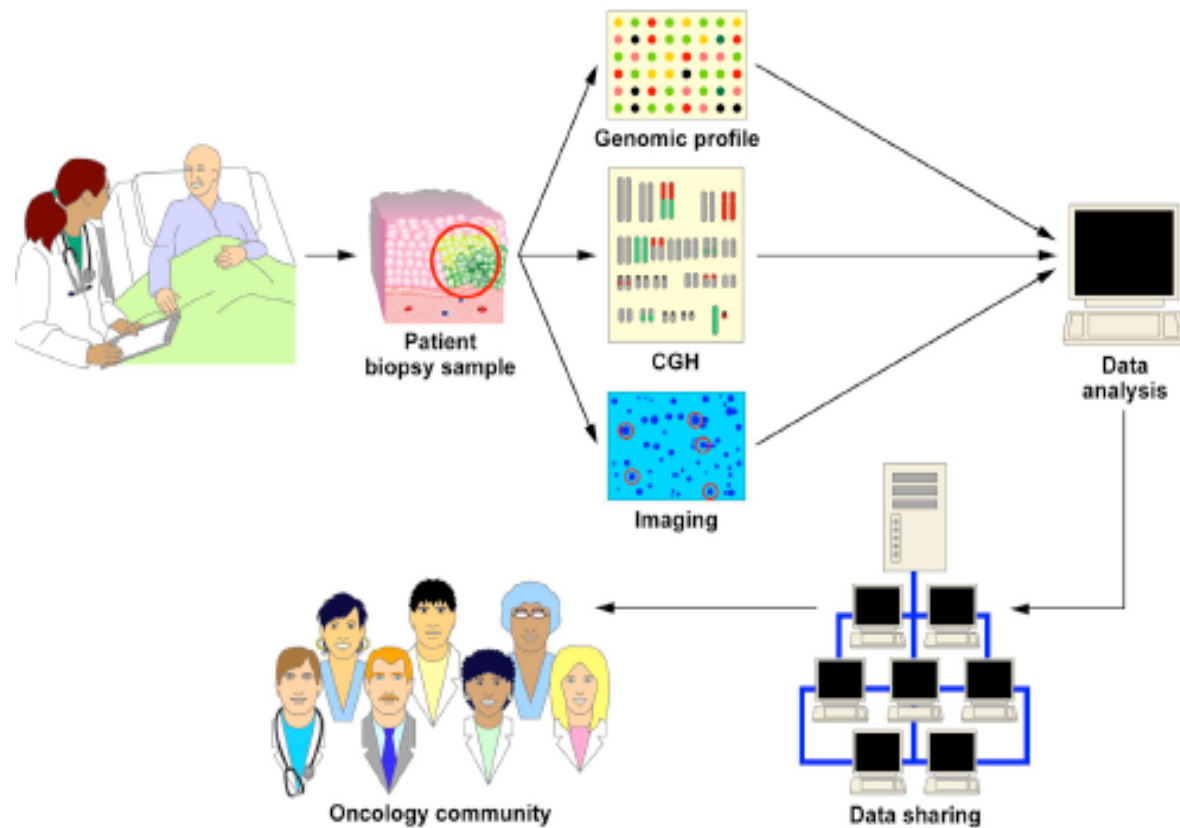


- The NCI intramural clinical program *is not* a large volume, full-service cancer center
- The NCI intramural clinical program *is* the largest cancer-focused clinical research center (CRC) in the world, capable of performing patient-intensive clinical research focused on developing new approaches for prevention, diagnosis, and treatment of cancer
- The NCI intramural clinical program is an important component of the nation's overall cancer program

# Seamless Movement from Lab to Clinic to Lab



CENTER FOR CANCER RESEARCH





# Imaging is a Priority

- **Blur the line between imaging and pathology**
- **Develop novel imaging approaches and technology:**
  - Basic discovery research
  - Translational applications
  - Non-invasive patient care
- **Improve imaging techniques to enhance early detection, diagnosis, and treatment**
  - Preclinical model testing and validation
  - Clinical trial design and implementation
- **Develop novel imaging instrumentation**
- **Preemptive medicine**
  - Detect lesion
  - Determine pathway
  - Monitor for reactivation
  - Intervene upon re-activation, before gross tumor recurrence



## Goal: Preemptive Medicine

- *Detect lesion early*
  - Prostate Cancer: Early detection in humans using MRI and PET scans combined with TRUS-MR guided biopsy and intervention
  - Ovarian Cancer: Detect subvisible peritoneal implants using targeted optical imaging
- *Determine pathway*
  - C-MET: Investigating 2 imaging agents that target different epitopes of c-MET
  - HER2: human trial of radiolabeled Herceptin
  - Angiogenesis: Human trials of DCE-MRI and F-18 labeled RGD
- *Monitor for reactivation*
  - Prostate Cancer: PET and MRI for recurrence after “definitive” therapy
  - Lymphoma: FLT PET scanning for residual disease vs. scarring secondary to treatment (FDG positive lesions)
- *Intervene upon re-activation, before gross tumor recurrence*
  - Ovarian cancer: developing new targeted activatable perfusion/phototherapy treatments for subvisible lesions using optical markers to determine the presence of diseases
  - Glioma: Perform image guided convective enhanced delivery of therapy to the resection site of gliomas in order to intervene early before recurrence



# Pyruvate conversion in human prostate/normal and malignant prostate tissue

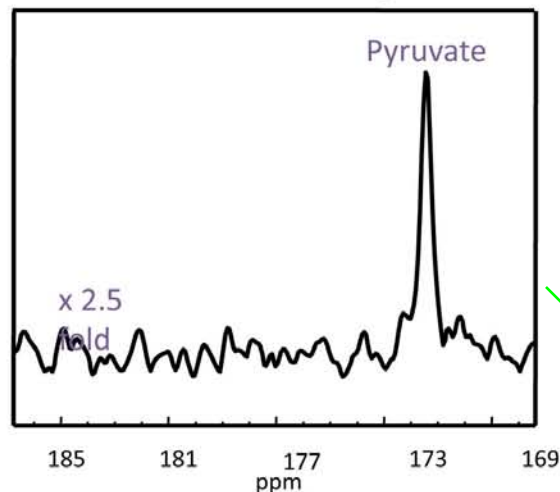


CENTER FOR CANCER RESEARCH



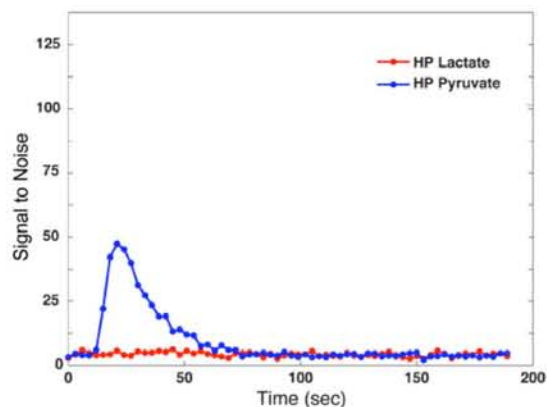
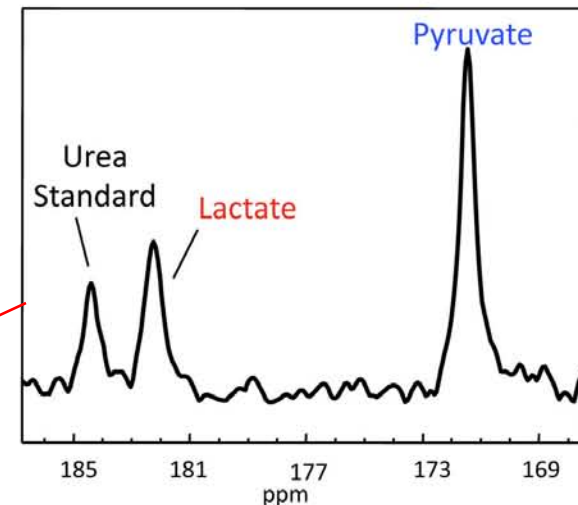
Benign

36 Seconds After Injection

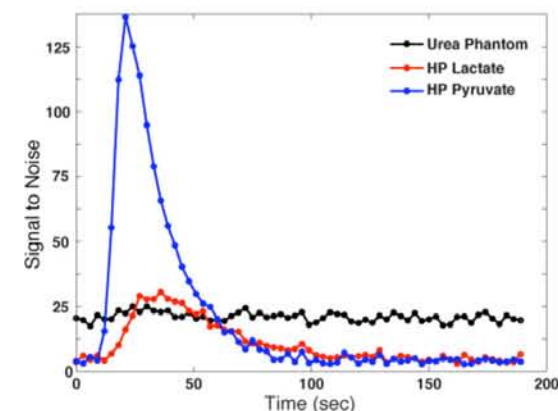


Cancer

36 Seconds After Injection



First Human Data:

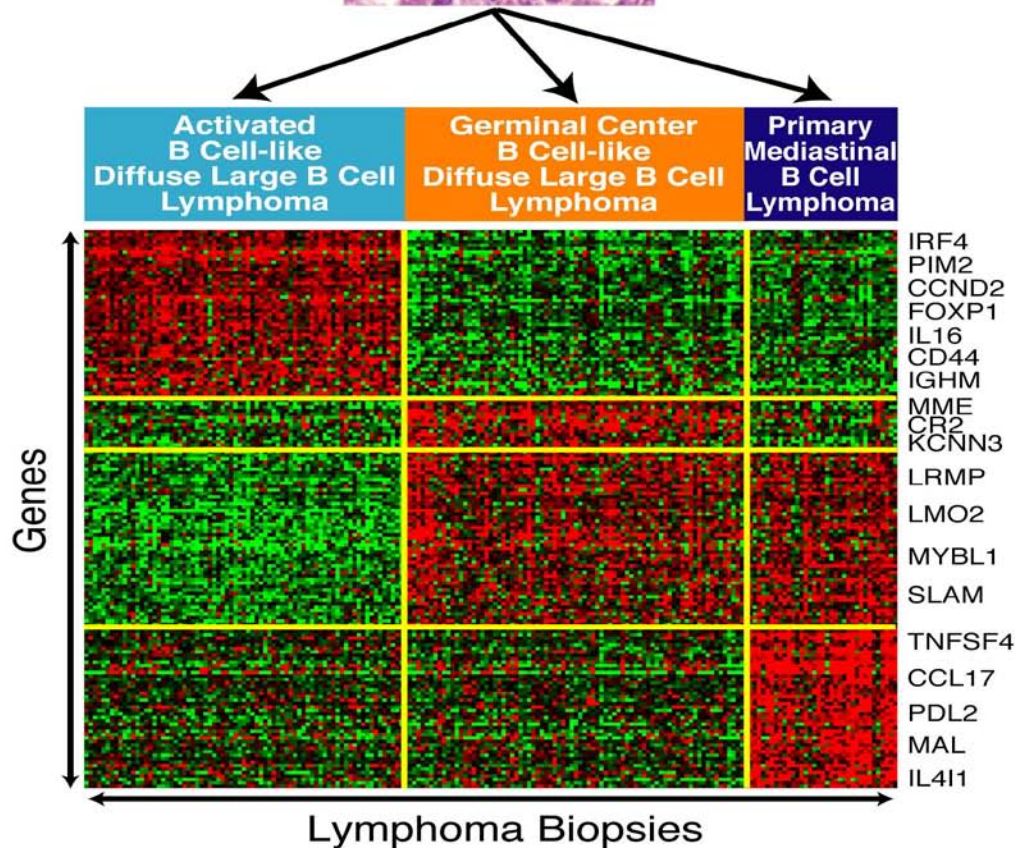
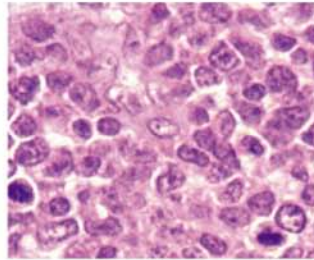


Pyruvate is converted to lactate in malignant tissue.

# Development of a Diagnostic for Lymphoma Subgroups



Diffuse Large B Cell Lymphoma

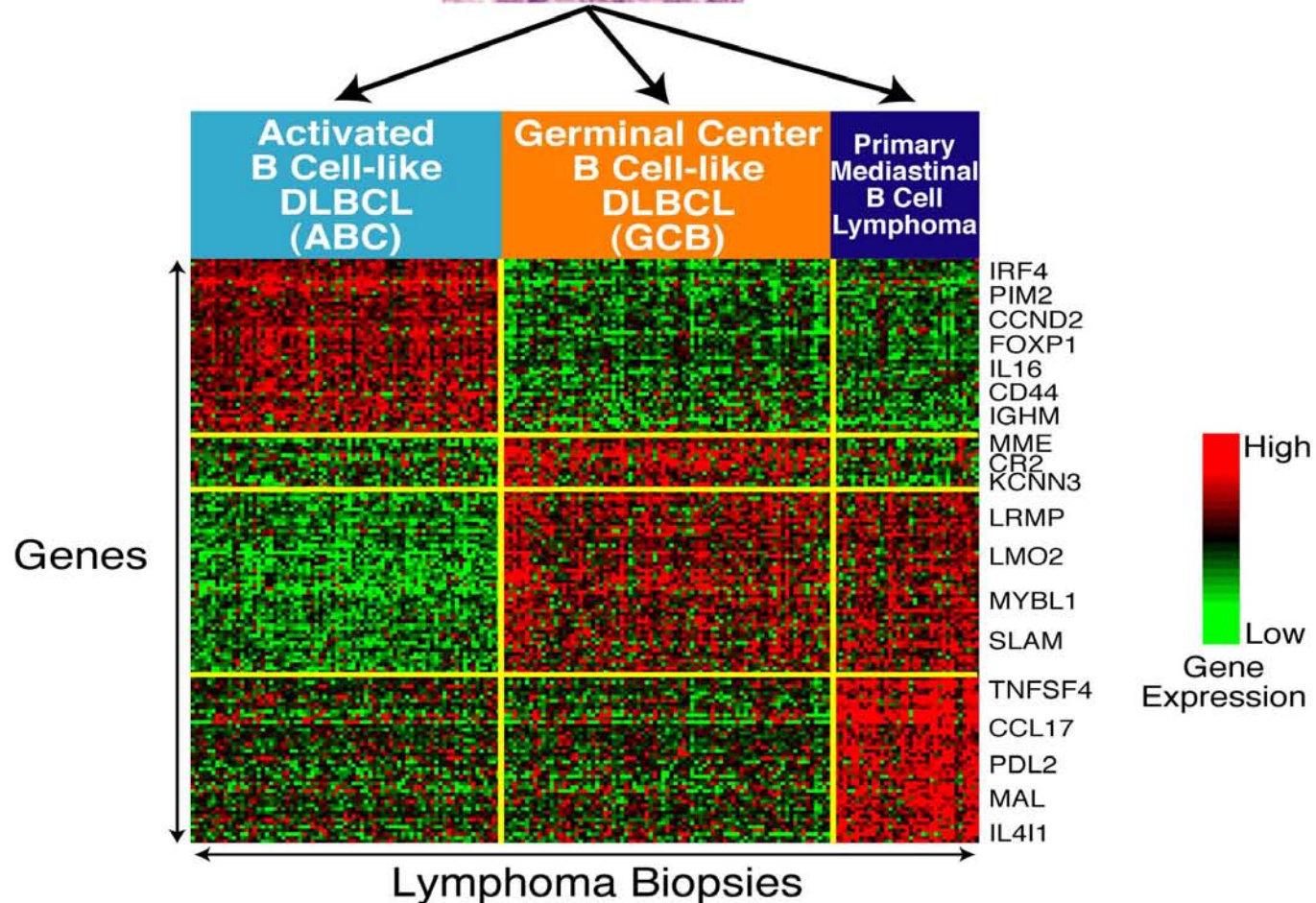
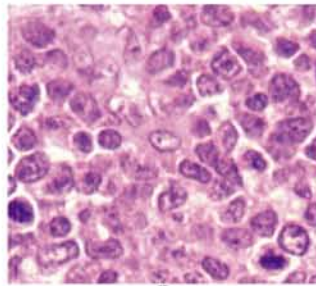


Currently developing tests for diagnosis and prognosis of lymphomas in collaboration with NCI-Frederick



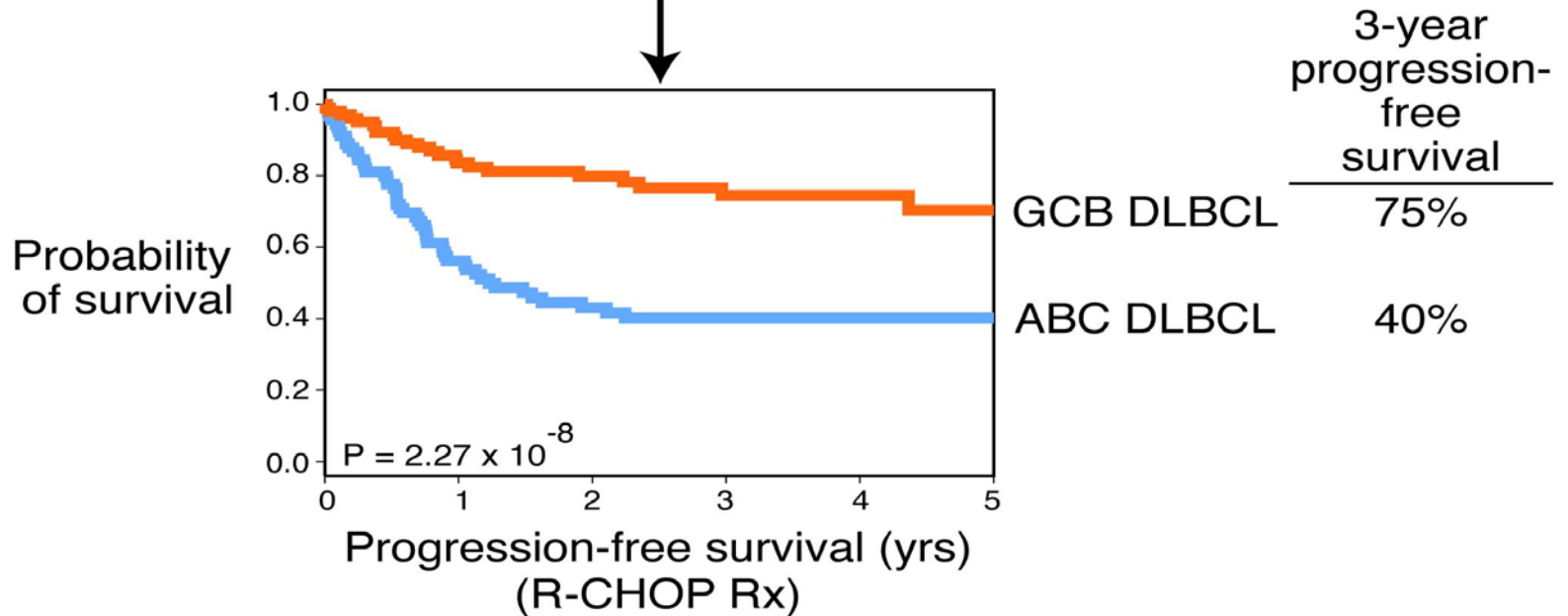
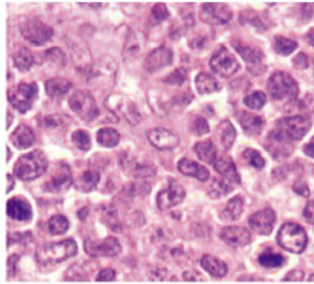
# Dissecting Cancer into Molecularly and Clinically Distinct Subgroups by Gene Expression Profiling

Diffuse Large B Cell  
Lymphoma

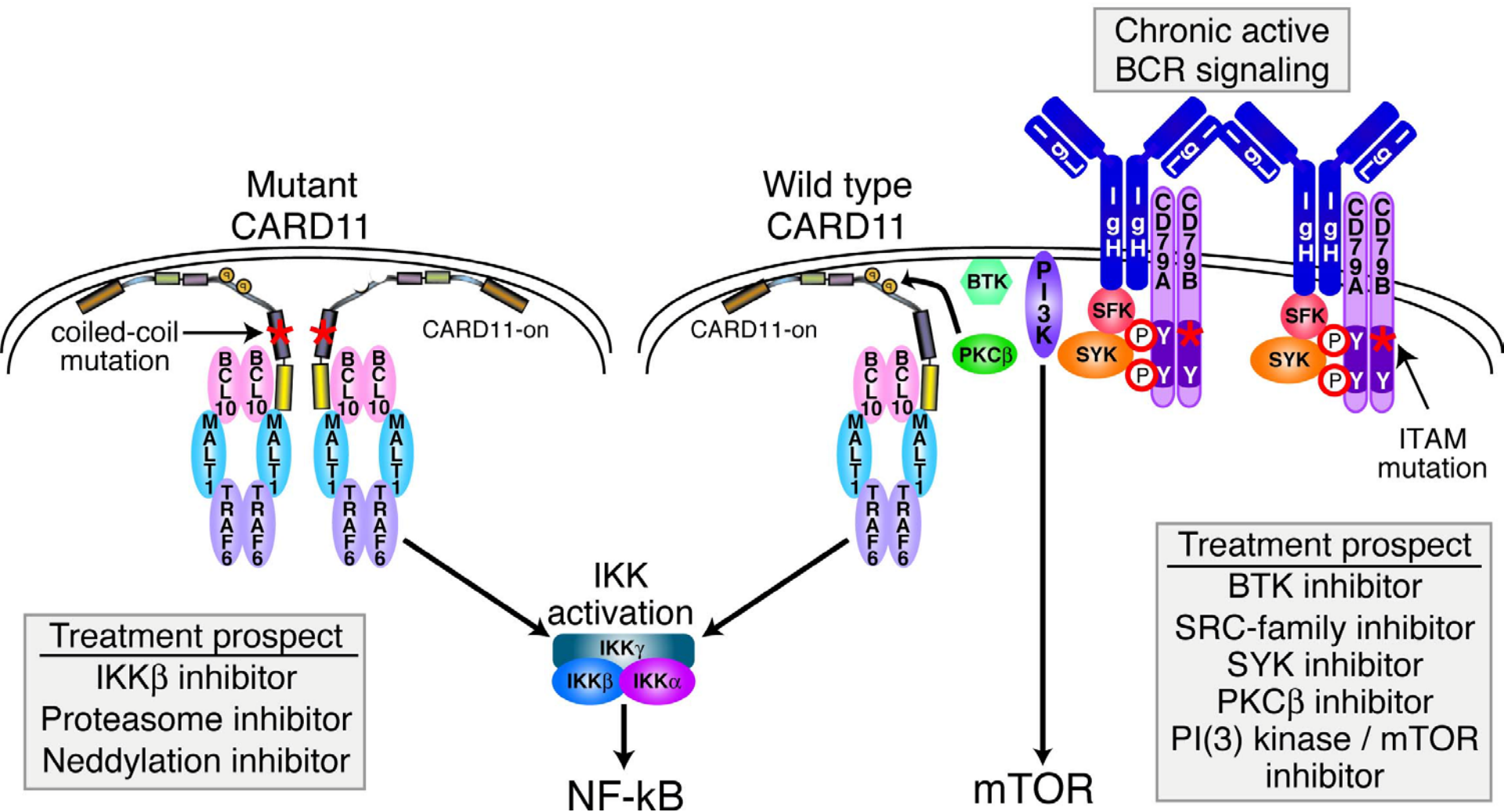


# Dissecting Cancer into Molecularly and Clinically Distinct Subgroups by Gene Expression Profiling

Diffuse Large B Cell  
Lymphoma

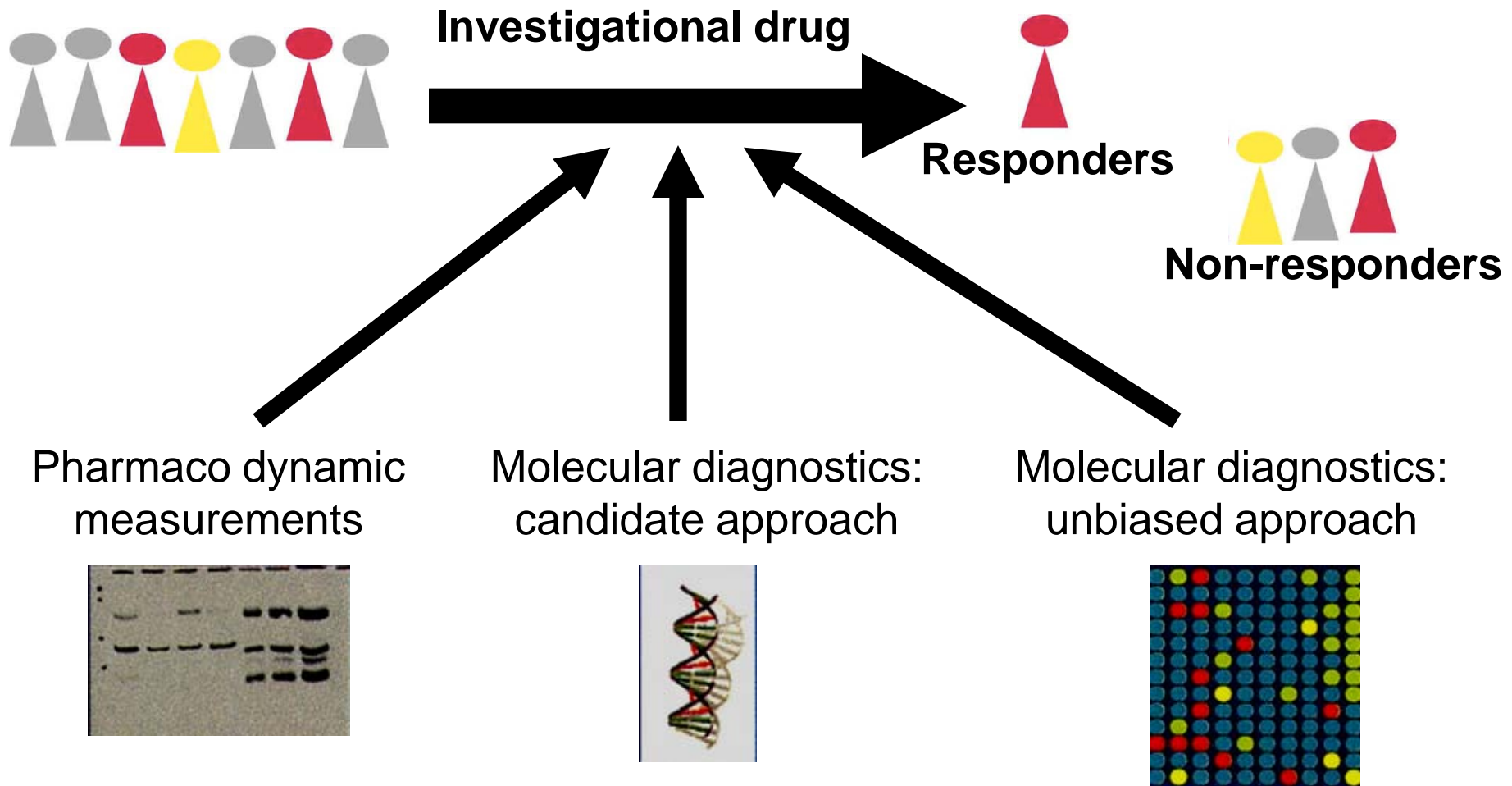


# Different Therapeutic Strategies for Subsets of ABC DLBCL Based on Characteristics of Mutations Activating NF- $\kappa$ B



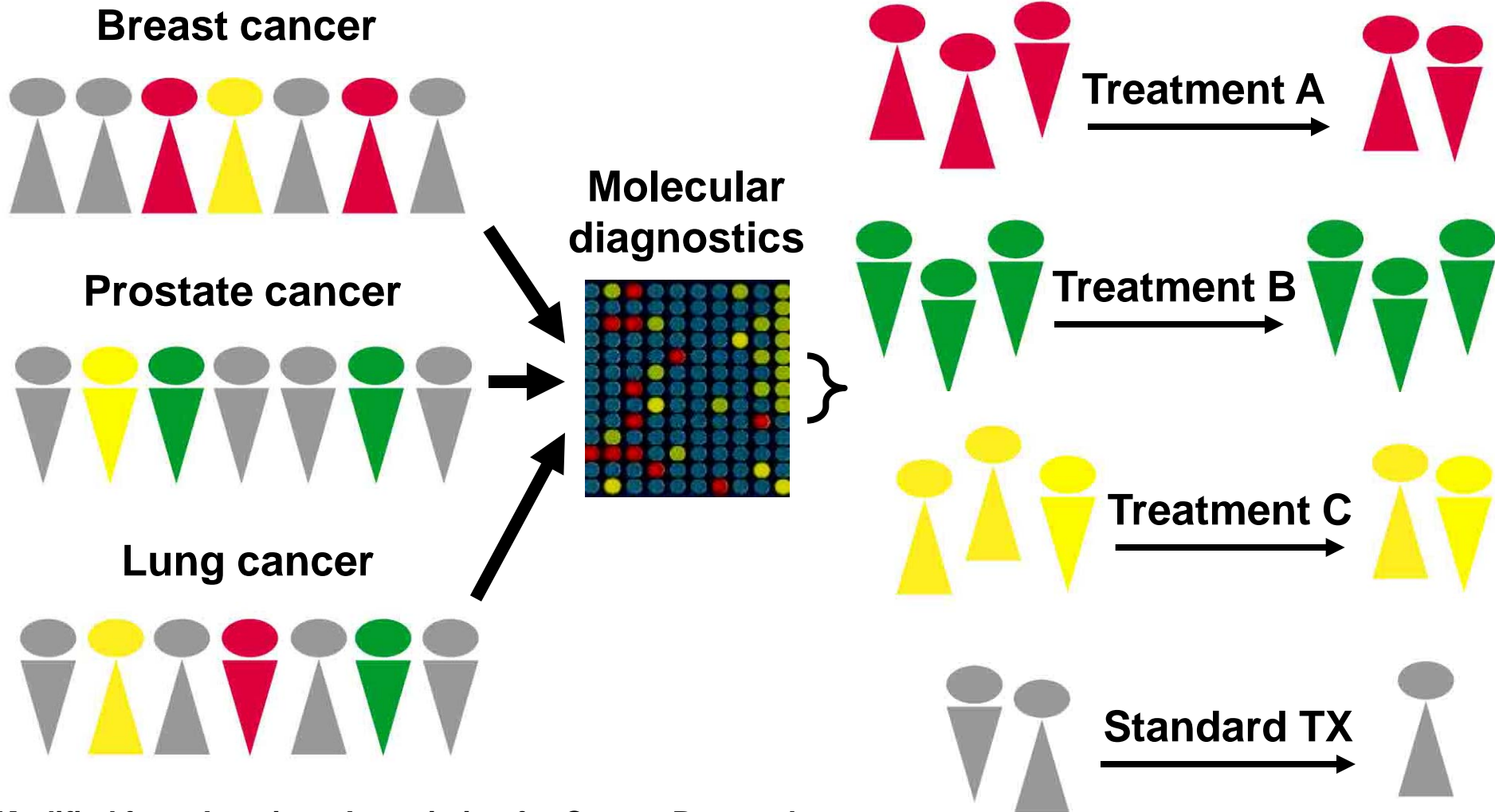
# Toward Personalized Medicine

*Put more science into clinical trials*





# Individualized Medicine



# Approved Targeted Drugs

- Alemtuzumab (Campath)
- Arcitumomab
- Bevacizumab (Avastin)
- Bortezomib (Velcade)
- Capromab pendetide
- Cetuximab (Erbix)
- Gefitinib (Iressa)
- Vemurafenib (Zelboraf)
- Ipilimumab (Yervoy)
- Gemtuzumab (Myelotarg)
- Ibritumomab tiuxetan (Zevalin)
- Imatinib (Gleevec)
- Rituximab (Rituxan)
- Tositumomab (Bexxar)
- Trastuzumab (Herceptin)

